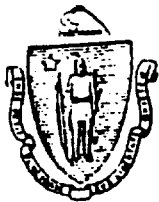


(Print or Type)

Mass. Date _____ 19____



Permit # _____

Owner's
Name _____

New

Renovation ☐

Replacement ☐

Plans Submitted: Yes ☐ No ☐

FIXTURES

P

[illegible]

Check one: **Certificate**

Installing Company Name _____

Address _____

Business Telephone _____

Name of Licensed Plumber _____

□ Corp.

☐ **Partnership**

☐ Firm/Co.

INSURANCE COVERAGE:

I have a current liability insurance policy or its substantial equivalent. Yes ☐ No ☐

If you have checked yes, please indicate the type coverage by checking the appropriate box.

A liability insurance policy ☐

Other type of indemnity ☐

Bond ☐

OWNER'S INSURANCE WAIVER: I am aware that the licensee does not have the insurance coverage required by Chapter 142 of the Mass. General Laws, and that my signature on this permit application waives this requirement.

Check one:

Owner ☐ Agent ☐

Signature of Owner or Owner's Agent _____

I hereby certify that all of the details and information I have submitted for (entered) in above application are true and accurate to the best of my knowledge and that all plumbing work and installations performed under the permit issued for this application will be in compliance with all pertinent provisions of the Massachusetts State Plumbing Code and Chapter 142 of the General Laws.

By _____
Title _____
City/Town _____
APPROVED (OFFICE USE ONLY)

Signature of Licensed Plumber

License Number _____

Type of Plumbing License: Master ☐ Journeyman ☒

FINAL INSPECTIONS

SKETCHES

PROGRESS INSPECTIONS

FEE _____

NO. _____

APPLICATION FOR PERMIT TO DO PLUMBING

NAME & TYPE OF BUILDING

LOCATION OF BUILDING

PLUMBER

PERMIT GRANTED

DATE _____ 19 ____

PLUMBING INSPECTOR